



Pre-Qualification Form

FCBC USE ONLY

Phone

Fax

Business Legal Name:	Business DBA Name:
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Type of Business Entity (Check One)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietor
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership

Does the Merchant have any other businesses with open contracts for working capital?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State of Incorporation:	Use of Proceeds:
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Physical Street Address:	City:	State:	Zip:
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Billing Street Address (if different than above):	City:	State:	Zip:
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Physical Location Phone #:	Billing Location Phone #:	Preferred Contact Phone #:
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Industry Type (SIC Code or Description):	<input type="checkbox"/> Rented Amount: \$ _____	<input type="checkbox"/> Mortgaged	Current Credit Card Processor:
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Gross Annual Sales (Previous year's tax return):	Business Start Date (Under current ownership):	Average Monthly Credit Card Volume:
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List the total VISA/ MasterCard processing volumes from previous four months:	Last Month: \$ _____ # of Tickets _____	Two Months Ago: \$ _____ # of Tickets _____	Three Months Ago: \$ _____ # of Tickets _____	Four Months Ago: \$ _____ # of Tickets _____
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Owner/Officer:	Ownership %	<input type="checkbox"/> Primary Contact	Official Title:
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Legal Last Name:	Legal First Name:	SSN:	Date of Birth:	Home Phone:
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Home Address:	City:	State:	Zip:	<input type="checkbox"/> Own <input type="checkbox"/> Rent
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Authorizations

The Merchant and Owner(s)/Officer(s) identified above (individually, an "Applicant") each represents, acknowledges and agrees that (1) all information and documents provided to First Choice Business Capital ("FCBC") including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify FCBC of any change in such information or financial condition, (3) Applicant authorizes FCBC to disclose all information and documents that FCBC may obtain including credit reports to other persons or entities (collectively, "Assignees") that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefor (collectively, "Transactions") and each Assignee is authorized to use such information and documents, and share such information and documents with other Assignees, in connection with potential Transactions (4) each Assignee will rely upon the accuracy and completeness of such information and documents, (5) FCBC, Assignees, and each of their representatives, successors, assigns and designees (collectively, "Recipients") are authorized to request and receive any investigative reports, credit reports, statements from creditors or financial institutions, verification of information, or any other information that a Recipient deems necessary, (6) Applicant waives and releases any claims against Recipients and any information-providers arising from any act or omission relating to the requesting, receiving or release of information, and (7) each Owner/Officer represents that he or she is authorized to sign this form on behalf of Merchant.

Owner/Officer's Name (Print): _____ **Date:** _____

Owner/Officer's Signature: X _____

Cell # _____ **Fax#** _____ **Email:** _____

Website: _____ **Landlord/Mtg Name:** _____ **Landlord/Mtg Contact #** _____

Business Federal Tax ID # _____ **Amount Requested: \$** _____

Trade References #1 _____ **Contact Phone #** _____

Trade References #2 _____ **Contact Phone #** _____

Trade References #3 _____ **Contact Phone #** _____

Current Advance/Loan Balance \$ _____ **Name of Finance Company:** _____